1341911

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 32334
Name: Chesapeake Operating, LLC
Address 1: 6100 N WESTERN AVE
Address 2: PO BOX 18496
City: OKLAHOMA CITY State: OK Zip: 73118 + 1046
Contact Person: Sara Everett
Phone: (405) 935-3425
Lease Name: KANE
Well Number: 1 WWD

API No.: 15-097-19000-00-00
Permit No: D16006.0
Reporting Year: 2016
(January 1 to December 31)

____ - SE - SW - SW Sec. 17 Twp. 30 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
26 feet from ☐ N / ☑ S Line of Section
4089 feet from ☑ E / ☐ W Line of Section
County: Kiowa

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 1500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	3720	0	0		31
February	3480	0	0		29
March	3720	0	0		31
April	2600	0	0		30
May	960	0	0		31
June	3440	0	0		30
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	17920		0		

Submitted Electronically